



HAMPTON BAYS WATER DISTRICT INFORMATION CHANGE FORM
TELEPHONE (631) 728-0179 FAX (631) 728-2484

DATE: _____ Mailed ☐ @ Office ☐ Fax ☐

Tax Map #473689 _____ - _____ - _____

PROPERTY LOCATION

STREET _____

ACCOUNT # _____

CHECK ALL THAT APPLY

___ CHANGE OF ADDRESS

___ NEW OWNER

___ NEW RENTER

___ BACK TO OWNER

MAILING ADDRESS INFORMATION

NAME _____

ADDRESS _____ **APT/SUITE/FLOOR** _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____

OWNERS AUTHORIZATION*

SIGNATURE: _____ **DATE** _____

PRINT NAME _____

PHONE: _____

MUST BE SIGNED BEFORE CHANGE IS ACCEPTED

**PLEASE COMPLETE,
SIGN & RETURN**

RETURN TO:
HAMPTON BAYS WATER DISTRICT
P.O. BOX 1013
HAMPTON BAYS, NY 11946
Return Envelope Enclosed